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ABSTRACT

This report describes the beginning of a community-based effort across Colorado to promote healthy lifestyles and modify risk behavior of children, in conjunction with the Colorado Comprehensive Health Education Act of 1990. The report summarizes what was accomplished during the first year of funding and offers a picture of how communities across the state collaborated on the initiative. Twenty-three projects are described, representing 20 school districts which were awarded state grants. The selected projects included a strong community collaboration commitment and parent participation in designing or enhancing a comprehensive health education program. Following the project descriptions is a list of recommendations for project improvements at the local and state levels. The text of the Colorado Comprehensive Health Education Act is provided, followed by guidelines and rules for implementing the legislation. (JDD)

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ED 366 550

COMPREHENSIVE HEALTH EDUCATION

Creating the Colorado Model 1991-92

END OF THE YEAR REPORT SUBMITTED BY THE COLORADO DEPARTMENT OF EDUCATION

NOVEMBER 1992

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Comprehensive Health Education

Creating The Colorado Model
1991 - 1992

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November 1992

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A healthy child is a teachable child. A student who is in physical or emotional pain, hungry or impaired by drugs cannot benefit fully from schooling. A child or adolescent who is frequently sick is also one who is repeatedly absent, setting the stage for poor performance and school dropout. (Chief State School Officers, 1989, p.1; 1991, p.4)

FOREWORD

The Chief State School Officers along with many other national organizations concerned with the status of children in America today have identified Comprehensive Health Education as a key strategy in promoting success for all students. Richard D. Miller, Executive Director of the American Association of School Administrators, in addressing the *Healthy Kids for the Year 2000: A Call to Action* conference said:

> "Clearly, as leaders in the nation's schools, we must be on the forefront of this effort. We must make children's health a local, state and national priority. Schools reach 95 percent of children. We, as school leaders, have the greatest opportunity to reach children about personal responsibility for health. They must know with no uncertainty how their daily decisions about diet, smoking, exercise, alcohol and other drug use, sexual activity and safety will have an impact on the extent to which they will live happy, productive and fulfilling lives. Their futures and ours depend on it."

In Colorado, the "Colorado Comprehensive Health Education Act of 1990" reflects our commitment to promote healthy lifestyles and modify risk behavior for all of our children. During 1991-92, the first state funding became available to assist school districts to begin or enhance their Comprehensive Health Education programs. Community teams from 20 school districts spent the year planning, discussing, assessing, reviewing and sometimes even disagreeing on what Comprehensive Health Education meant for their community. The result has been the creation of 23 unique community-based collaboration efforts across our state involving parents, students, teachers, administrators and the community which will have positive, lasting impact on the lives of Colorado's children.

Comprehensive Health Education . . . Creating The Colorado Model is only the beginning. Rooted in the enthusiasm and support shown during 1991-92, we can only move forward toward our goal for all of Colorado's children to be healthy.

William T. Randall
Commissioner of Education
State of Colorado

INTRODUCTION

Colorado has joined the nation in encouraging every school district to provide a planned, sequential health education program for every child at every grade level. Forty-two states require health education and all but seven require it for both elementary and secondary school students. Twenty-eight of the states specifically require "comprehensive health education." The "Colorado Comprehensive Health Education Act of 1990" has been the beginning of a community-based effort across Colorado to promote healthy lifestyles and modify risk behavior of all of our children.

Our efforts began in 1990-91 with the creation of a State Advisory Board made up of 60 advocates for health. Students, parents, teachers, administrators, state agency representatives, community members, non-profit organizations representatives, health professionals and higher education delegates came together to develop guidelines for the program and make recommendations on funding.

The State Student Advisory Board emerged from the enthusiastic response of the funded projects to include students on their local Comprehensive Health Education teams. Twenty-five students attended the first state meeting for Comprehensive Health Education as representatives from their schools. They were committed to healthy lifestyles and true leaders in the effort to prevent risk behavior. They agreed to serve as the Student Advisory Board for Colorado and met twice during 1991-92 to learn more about Comprehensive Health Education and make recommendations for funding priorities.

"*Creating The Colorado Model*" has been the theme of the first year of Comprehensive Health Education funding through the Colorado state legislature. Twenty school districts were funded for community planning efforts to begin or enhance their preschool through twelfth grade Comprehensive Health Education programs. While other states have successfully developed Comprehensive Health Education programs, we knew that Colorado's would emerge as unique to our state and our families.

What follows is a summary of what was accomplished during the first year of funding and a picture of how communities across the state have collaborated on this most important initiative for Colorado's children. Highlights include:

- Summaries of the Accomplishments and Collaboration Efforts from the 23 funded projects
- Recommendations from the Comprehensive Health Education State Advisory Board
- Recommendations from the Comprehensive Health Education State Student Advisory Board

Colorado's model for Comprehensive Health Education is emerging as a grass roots community-based "work in progress" focused on healthy outcomes for all children. In many communities the process is influencing school restructuring, parental involvement in schools, health and education collaboration within schools and school outreach to the community. A powerful beginning!

Karen Connell

Karen Connell, Senior Consultant
Comprehensive Health Education

COLORADO'S MODEL
COMPREHENSIVE HEALTH EDUCATION

Colorado is developing collaborative, community-based programs to promote healthy lifestyles and modify risk behavior through comprehensive health education efforts in 20 school districts. A planned, sequential program for every child at every grade level is guided by community-based Advisory Committees and parental involvement at every step of the process. The programs include health assessments for students, staff and community members, teacher training, parent groups, curriculum review and program evaluation for behavior change. The Comprehensive Health Education Model for Colorado is evolving into a new awareness for healthy lifestyles and far exceeds a classroom-based curriculum as it impacts school reform as well as community priorities.

TIMELINE

1990-91

Colorado Comprehensive Health Education Act of 1990 passed

State Advisory Board formed
Rules and Guidelines developed

Requests for Proposals for planning grants sent to every school district

1991-92

First year of funding/$255,000 funded 23 projects in 20 school districts

Collaborative Team Training held for all projects.

Student State Advisory Board formed/met twice

State Advisory Board and Student Board defined criteria for continuation

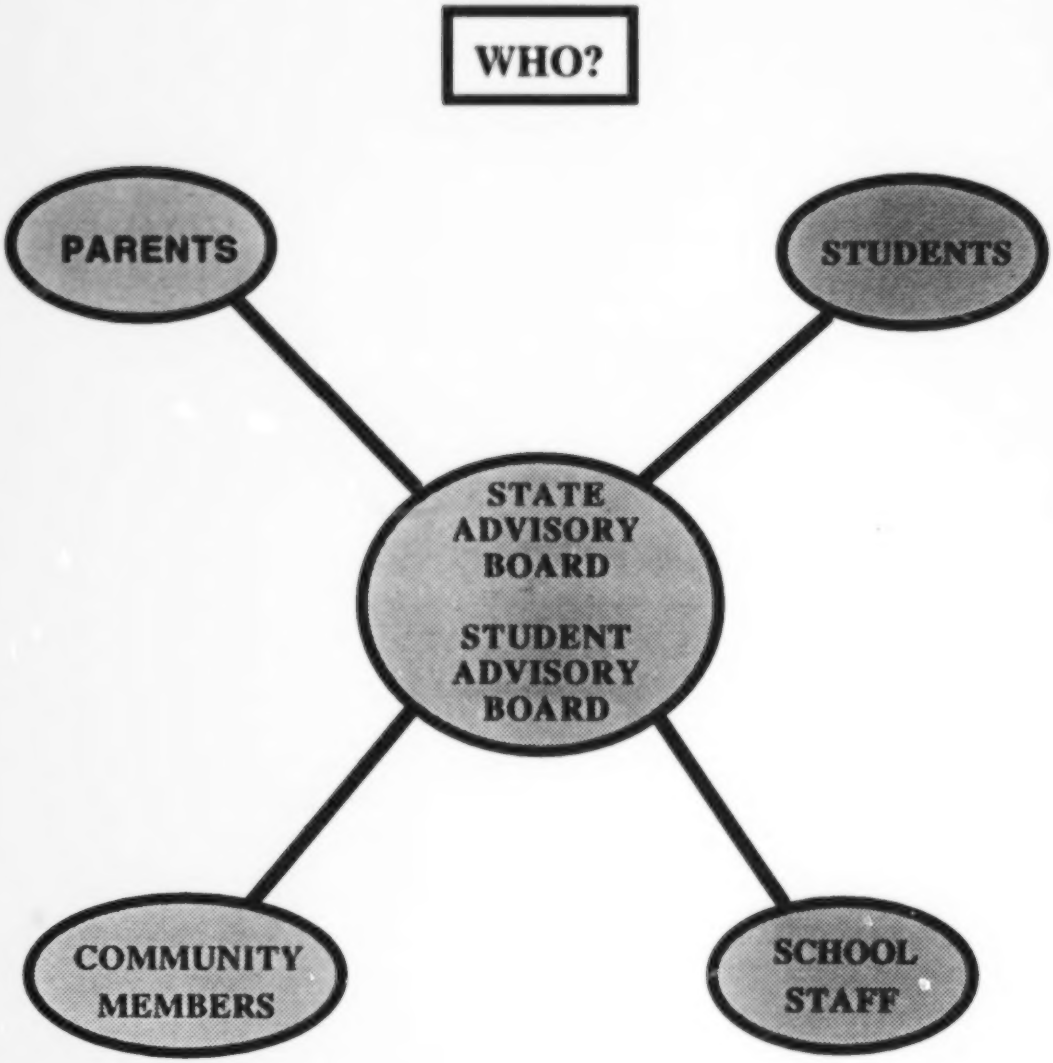
Requests for Proposals for continuation grants sent to funded projects

Colorado's children are our future. Comprehensive health education, delivered as a community-based effort, can change at-risk attitudes and behaviors. With all of us working together, we can make a difference!

Colorado State Senator Dottie Wham
Sponsor of the "Colorado Comprehensive Health Education Act of 1990"

COMPREHENSIVE HEALTH EDUCATION

CREATING THE COLORADO MODEL



The State Advisory Board and Student Advisory Board provide the direction and inspiration for the Colorado Comprehensive Health Education Initiative. Parents, students, school staff and community members are involved in each project across the state.

COMPREHENSIVE HEALTH EDUCATION STATE ADVISORY BOARD

The State Advisory Board has worked since the "Colorado Comprehensive Health Education Act of 1990" was passed to develop the Rules, Guidelines and future direction of Comprehensive Health Education in Colorado.

During 1990-91, approximately 60 persons met throughout the year to create recommended Guidelines in the areas of curriculum, teacher training, parental/community involvement, advisory councils, allocation of funds and reports/evaluation. The Rules further defined the Legislation.

During 1991-92 approximately 40 persons heard progress reports from five of the funded projects and recommended the priorities for future funding. This input has helped to further define the "Colorado Model" as we narrowed our focus to reflect the needs and concerns of local communities.

COMPREHENSIVE HEALTH EDUCATION STATE ADVISORY BOARD RECOMMENDATIONS FOR 1992-93 FUNDING

Given that the amount of funding available for the 1992-93 fiscal year is unknown until after June 30, 1992, it is recommended that the funds be used to continue existing projects rather than fund new ones.

If the amount of funding is less than the first year, it is recommended that the continuation of projects be based on the following criteria:

- Documented evidence of administrative support for Comprehensive Health Education
- Evidence that healthy lifestyles are modeled in behavior and policy
- Inclusion in program of eacher training and staff development
- The program is culturally sensitive
- The program reaches across disciplines and reflects healthy lifestyles as an outcome for all students

COMPREHENSIVE HEALTH EDUCATION STATE STUDENT ADVISORY BOARD

"I wish school was like this."
Student involved in the CHE planning process in Mapleton School District

Student representatives from the funded projects met twice during 1991-92 to learn more about Comprehensive Health Education and to recommend ways to increase student interest and involvement in Comprehensive Health Education.

STATE STUDENT ADVISORY BOARD RECOMMENDATIONS

- Model what you teach
- Help parents talk to us
- Don't be afraid to talk to us about sex
- Let the policy makers talk to us
- Reward our positive behavior . . . many of us are doing great things!
- Include more males in the planning
- Encourage cross-age teaching for health . . . older kids have learned a lot!

School health programs must expand beyond the health room to address these critical health issues through comprehensive programs involving health instruction and health services provided within the context of a healthy school environment. To be fully effective, these basic components - instruction, services, and environment - must be coordinated so that efforts in one area reinforce those in other areas (CCSSO, 1991a). Achieving this expanded role requires that schools establish critical links to families and communities.

Council of Chief State School Officers
July 1992 - Issue XXXVI

COMPREHENSIVE HEALTH EDUCATION

CREATING THE COLORADO MODEL

In each local community, Comprehensive Health Education Advisory Councils have been the impetus to create change for healthy lifestyles. One of the most far-reaching outcomes is that some schools have based their restructuring efforts on the Comprehensive Health Education initiative. In addition, parent and community involvement has increased in every program.

PROJECT ACCOMPLISHMENTS AND COLLABORATION EFFORTS

Twenty three projects representing 20 school districts were awarded grants by the Colorado Department of Education for Comprehensive Health Education. The state funding allocated by the "Colorado Comprehensive Education Act of 1990" provided $255,000 in funding with awards ranging from $4,000 to $15,000 per project.

The selected projects included a strong community collaboration commitment and parent participation in designing or enhancing a comprehensive health education program. The "Colorado Comprehensive Health Education Act of 1990" encourages every school district to promote healthy lifestyles and modify at-risk behavior for every child at every grade level.

A total of 51 applications were screened by an interdisciplinary team of state agency, school and community representatives, and the successful applicants began the first year of this state program in November, 1991.

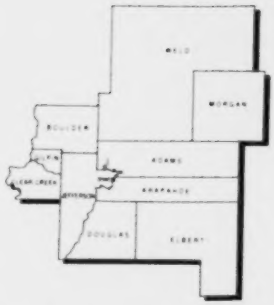
The projects ran through June 15, 1992.

To kick off the initiative, a two day meeting was held for representative teams from each project at the Downtown Denver Marriott Hotel on December 12 and 13, 1991. Each project participated with a team comprised of teachers, students, parents, administrators and community members. The 120 participants joined together to begin to create the "Colorado Model" for Comprehensive Health Education and experienced sessions on leadership, team building, skill-based education, community resources and heard encouraging remarks from Senator Dottie Wham, the sponsor of the legislation. The student delegates were dynamic participants, and agreed to function as a State Advisory Committee for Comprehensive Health Education in Colorado.

1991-92 GRANT AWARDS FOR COMPREHENSIVE HEALTH EDUCATION

Adams 1 Mapleton
Adams 12 Five Star Schools
Arkansas Valley BOCES
Cherry Creek School District
Colorado Division of Youth Services
Colorado Springs #11 and Irving Junior High
Denver Public Schools and Denver School-Based Clinics
Douglas County School District RE-1
Durango 9-R School District
East Central BOCES
Elizabeth School District C-1
Hayden School District
Haxtun School District
Platte Valley School District RE-7
Poudre R-1 School District
Roaring Fork School District and Colorado Rocky Mountain School
San Luis Valley BOCES
Summit School District RE-1
Weld County School District RE-1
Weld County School District RE-3

"Work on the Comprehensive Health Curriculum Committee has allowed participants to see the interconnectedness of the traditional education components--academics, special education, bilingual education and counseling. In addition, we have learned that teachers have to be connected to the whole school system rather than be isolated in their classrooms or departments. The schools have to see themselves connected to the district organization, and the district needs to be connected to the community as a whole."



MAPLETON PUBLIC SCHOOLS, ADAMS COUNTY NO. 1

BACKGROUND

A Comprehensive Health Team was formed last year, and began to develop student outcomes for health. The project will complete the descriptions of "healthy students," develop a survey of student and staff health, and provide staff development. The Outcome-Based Curriculum Development process will be used in all curriculum areas.

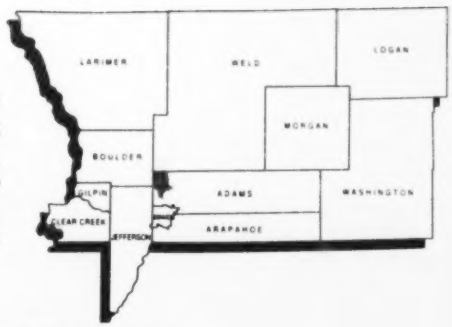
ACCOMPLISHMENTS

- ★ Health assessments were administered to students in grades 3-12. The results will be available in fall, 1992.
- ★ Health survey instruments were developed for staff and community members.
- ★ Health Culminating Outcomes were developed for Language Arts, Mathematics, Science, Social Studies and Health.
- ★ Four high school teachers developed a Comprehensive Health curriculum which teams P.E., Health and Home Economics.
- ★ A Wellness Program for staff was developed.

COLLABORATION

Adams County Social Services, YMCA, St. Anthony North Hospital, 60 staff, students.

"Efforts must be made to emphasize health as a value in life and to enhance critical thinking, decision making, problem solving, self-esteem communication and behavioral skills. Quality Health Education motivates individuals to voluntarily adopt healthy lifestyles and take an active role in protecting, maintaining and improving their health and that of the whole community."



ADAMS TWELVE FIVE STAR SCHOOLS

BACKGROUND

"Heralding Health" is a community-wide effort to enhance the well-developed health education curriculum currently in place. A staff, student and citizen task force will suggest revisions to be more responsive to local needs.

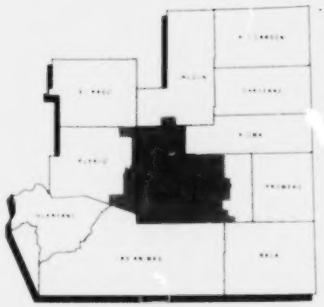
ACCOMPLISHMENTS

- ★ A Comprehensive Health Advisory Board was established including parents, students, school personnel, business and community members.
- ★ Curriculum writing teams developed health proficiencies for grades 2-12.
- ★ Elementary health education materials were purchased.
- ★ The Board of Education approved the District Twelve Comprehensive Health Education Program.

COLLABORATION

Teachers, parents, students, administrators, school board member, the Rocky Mountain Center for Health Promotion, Tri-County Health, the Hall of Life, Kaiser Permanente, American Cancer Society, Rose Medical Center and CAIR (Chemical Abuse Intervention Resources).

"We surveyed parents, students, school administrators, faculty and staff, health care workers and law enforcement personnel. The top priority was, of course, the development of health skills (how to be healthy) and family life. Many students felt that nutrition and topics dealing with human sexuality were important...and the survey showed a real concern with dysfunctional families due to drug, alcohol and sexual abuse."



ARKANSAS VALLEY BOCES

BACKGROUND

A tri-county approach will include the formation of a health advisory committee, and district health surveys on health issues. Teachers will receive training in the Growing Healthy curriculum.

ACCOMPLISHMENTS

★ A "Health Core Committee" was developed, representing each of the eight school districts within the Arkansas Valley BOCES.

★ A needs assessment was developed and distributed to key community members, parents and students. The results identified health skills (decision making, communication, coping, peer resistance, health advocacy and health management) and family life as the most critical areas to include in the curriculum.

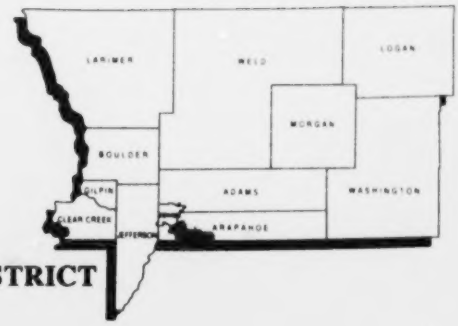
★ "Comprehensive Health Advisory Committees" have been created within each school district.

★ Inservice training for teachers, administrators and community members has been provided on skill-based health curriculum and the "Healthy Sexuality" curriculum.

COLLABORATION

Cheraw School District, East Otero School District, Rocky Ford School District, Crowley County School District, Fowler School District, Las Animas School District, Swink School District, Manzanola School District, District Accountability Committees, Community Coalition to promote Goal #6, Booster Clubs, STAND, DART and TRY peer groups, and the Rocky Mountain Center for Health Promotion and Education.

"Middle school students reported that they would be much more likely to use alcohol and tobacco than other drugs, and more likely to use alcohol than tobacco. Next to alcohol and tobacco, the highest reported future use, if offered, was inhalents."



CHERRY CREEK SCHOOL DISTRICT

BACKGROUND

The focus for this project is evaluation of the district health education program at the secondary level. All students in health education classes at the middle and high school levels will participate in knowledge pre and post tests, behavior and attitude surveys. Areas to be measured will be drugs, nutrition, physical fitness and decision-making. The instruments collected and developed will be made available to all districts.

ACCOMPLISHMENTS

★ Middle and high school health education classes were surveyed to measure the effectiveness of the current comprehensive health education program. The assessments were designed, piloted, distributed, and analyzed during the 1991-92 school year.

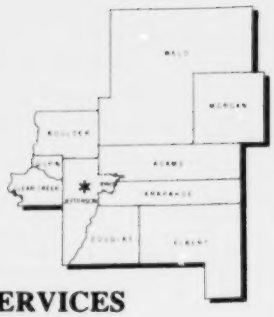
★ All 7th grade health classes participated in assessments on the decision making and drug education units through surveys on knowledge, skills and attitudes. The majority felt only "somewhat knowledgeable" about the seven steps of decision making. Three in 16 times students chose a response in which they would ask another person to decide for them. Approximately 28 percent felt that people should do what they feel, not what they think, when making decisions.

★ All senior high school health classes participated in assessments on the drug education (other than alcohol and tobacco), nutrition and fitness units through surveys on knowledge, skills and attitudes. The students felt their parents did not support drug use. They were not as sure about their parents' feelings about teen drug experimentation. The students felt their friends thought drinking was O.K. and that experimentation was normal. The students felt that both their parents and friends discouraged smoking but did not disapprove of using diet pills for weight loss. Areas of concern for healthy behavior were alcohol, fast food, sugar, fats, stress and sleep. Eighty percent said they exercised at least 20 minutes three times per week.

COLLABORATION

Cherry Creek Schools Office of Testing and Evaluation, building principals, teachers and students.

"Team meetings have created a forum for exchanging ideas, discussing priorities and really struggling with the health issues of students. There is a new level of awareness about health matters among the staff. The project has given participants an infusion of hope and energy in a context that is otherwise tough and somewhat depressing".



COLORADO DIVISION OF YOUTH SERVICES
LOOKOUT MOUNTAIN SCHOOL

BACKGROUND

A team of teachers, administrators, medical services, residential counselors, parents and community members will plan, assess health needs and train to implement a program for Lookout Mountain Youth Services Center incarcerated males, age 12-19. The model will be implemented throughout the entire state-wide system, and serve as a national model for health education for institutionalized high-risk youth.

ACCOMPLISHMENTS

★ A CHE Team was created including representation from all areas of the residential community.

★ The CHE Team developed and administered a health assessment of the residents. Results indicated that 65 percent were very little or not concerned about violence in the home, 83 percent were very little or not at all concerned about being forced into sexual acts, 56 percent had used beer/wine/hard liquor during school, 56 percent had used marijuana during school, 87 percent had had sexual intercourse with 38 percent of that group beginning at age 10 or under and 40 percent reported having been physically abused.

★ The CHE Team inventoried current curricula and existing resources for health education.

★ The CHE Team developed a mission statement and philosophy to guide the program.

COLLABORATION

Student Council members, parents, community vendors, staff and administration.

"The community input meetings have been especially helpful. Senator Tebedo discussed dealing with controversial issues and Dr. John Muth discussed community health directions. The purpose of the meetings was to give our community and teachers a feel for the diversity of opinion on controversial issues."

COLORADO SPRINGS SCHOOL DISTRICT ELEVEN

BACKGROUND

School District #11, in collaboration with local community agencies, will create an advisory committee, review existing curriculum, plan a staff development model and an evaluation model.

ACCOMPLISHMENTS

- ★ Formed a Consolidated Health Curriculum Review Committee including community members, religious representation, parents, teachers, health care professionals and human service agencies.
- ★ Conducted inservice training for 44 teachers on comprehensive health education.
- ★ Held two community input meetings.
- ★ An arson prevention module was developed in collaboration with the Colorado Springs Fire Department for all 8th grade students.
- ★ Began work on program exit outcomes for health.

COLLABORATION

Colorado Springs Fire Department, City Council, CARE Coalition, Memorial Hospital, State Senator Tebedo, KRDO "Strive To Stay Alive", Colorado Family Health, KKTV, University of Northern Colorado, Colorado for Family Values, Focus On The Family, El Paso County Health Department, U.S. Air Force Academy teacher, PTA, Reduce Adolescent Pregnancy (RAP) Coalition, Junior League, American Red Cross, American Heart Association, March of Dimes, Penrose Hospital, Urban League, American Cancer Society, Cedar Springs Hospital, Assembly of God, Community Church of God, Black Educators of District #11, parents, students, teachers.

"The development of SPACESHIP IRVING as a thematic concept to deal with the holistic needs of our students, staff and community is off and running. Our Intervention process has been expanded to include a broad range of high risk behaviors and our Prevention program continues to evolve each year to meet the needs of our students."

IRVING JUNIOR HIGH SCHOOL
COLORADO SPRINGS DISTRICT ELEVEN

BACKGROUND

Irving Junior High School within the district will focus on a school team model to develop an integrated approach including physical education, science, health, counseling, special education, student prevention teams and student council.

ACCOMPLISHMENTS

★ Topics were identified to incorporate into each curriculum: mental health, sexual activity, substance use, nutrition, relationships and environmental health.

★ A plan to integrate Comprehensive Health Education into the school-wide curriculum was developed.

★ Restructuring and reorganizing the school occurred through teaming and blocking of classes, and examination of graded passing periods to reduce the number of students in the hallways and the possibility of an advisor/advisee program to provide more small group time with the students. The theme of SPACESHIP IRVING focused on the well-being of the passengers (the entire school).

★ Operation "I Care" was launched by SPACESHIP IRVING and fueled by "positive personal power" to promote awareness that each individual has a positive personal power that can make a difference in their own and others lives. A year long calendar of prevention activities was developed and distributed in a brochure format.

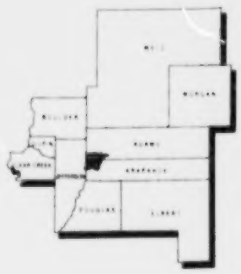
★ The intervention and referral process was expanded and a therapist from the Tejon Street Clinic was added to work with intensive psychological/emotional health needs.

★ A series of parent/student seminars was conducted.

COLLABORATION

Eight teachers, three parents, a D.A.R.E. officer, a therapist from the County Health Department, three counselors, one administrator, seven staff members from the Intervention Team, ten members from the Prevention Team, 18 students from the Student Prevention Team, twenty students from the Student Council and two paraprofessionals.

"The parents who trusted us enough to come, to join in, to share, to evaluate and to tell us their hopes, fears, dreams and needs were those who are least likely to be reached by schools and other institutions of society. They seemed genuinely pleased that we had made an effort to really include them. Because of the caring and commitment of the school people involved, everyone participated as equals, there was no "you" and "us". Many friendships were made during these retreats, and even some solutions found for problems."



DENVER PUBLIC SCHOOLS

BACKGROUND

A district-wide approach will organize a group of community trainers to provide family retreats on issues of child molestation and family-oriented refusal skills.

ACCOMPLISHMENTS

- ★ 185 family members attended Refusal Skills trainings and practiced the skills with peers and with their own families. Practice sessions were videotaped for all groups, and the families loved seeing each other on tape. Transportation, child care and meals were provided.
- ★ A conference on child molestation and abuse was attended by over 200 nurses, social workers, psychologists and administrators.
- ★ Thirty-two parents participated in presentations on child molestation and abuse conducted in Spanish.

COLLABORATION

Parents, teachers, paraprofessionals, administrators, Family Resource Centers, Rocky Mountain Center for Health Promotion and Education.

Comments from Parent Survey: "I appreciate all health oriented information. I am very concerned about the amount of liquor/drinking "jokes" in the student paper. It makes drinking seem legal and normal."... "Health is not separate from other areas of one's life. I believe a holistic approach weighing everything equally is more realistic."...."Gym should not be the requirement--health education is more important than P.E.. Learning to take care of your body should be more than working up a sweat."

DENVER PUBLIC SCHOOLS
DENVER SCHOOL-BASED CLINIC, EAST HIGH SCHOOL

BACKGROUND

East High School and the Denver School-Based Clinics will develop a comprehensive health education planning committee to design a 9-12th grade health curriculum, focusing on 9th graders this year.

ACCOMPLISHMENTS

★ A health educator was hired for the clinic.

★ A Health Education Task Force was created including teachers, students, parents, clinic staff, school health workers and administrators.

★ East High School faculty were surveyed on their current teaching of health education and suggestions for the future. Health is included in Home Economics, Social Studies, Art, Science, P.E., Foreign Language, Math and Special Education classes. Overwhelmingly, teachers felt that health should be required for graduation.

★ Student focus groups were held to identify health topics to include in the curriculum. Major concerns are teenage pregnancy, drug/alcohol abuse, AIDS/HIV, teen suicide/depression and conflict resolution.

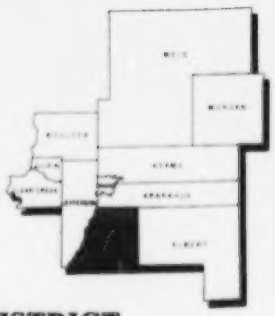
★ A parent survey was developed and sent home with grades in the spring. Parents were informed of the need for a formal health program and their input was solicited. Parents suggested more information on drinking and driving, tobacco/chew, and condoms; more health modeling from teachers; more training for teachers; and metal detectors at entrances for safety of students.

★ A skill-based pilot health course for 9th graders was developed.

COLLABORATION

Teachers, students, parents, school administrators, and the Collaborative Decision Making team for East High School.

"Perhaps one of the most important results of the grant is the heightened awareness of the importance of comprehensive health education in our district. From the members of the Health Advisory Committee to the administrators has come a much greater understanding of the importance of health education."



DOUGLAS COUNTY SCHOOL DISTRICT

BACKGROUND

A health education task force composed of teachers, parents, students and community health professionals will assess current classroom offerings, and plan a consistent pattern in comprehensive, progressive health curriculum.

ACCOMPLISHMENTS

★ All health education curricula was assessed. The elementary assessment identified areas that teachers had changed following the training for the curriculum and asked what level of training the teachers felt was adequate to teach the curriculum. The secondary assessment identified which classes offered health education and an extensive list of community resources currently used in the classrooms. Most teachers were enthusiastic, had an interest in teaching health and felt that they had received adequate training.

★ The elementary and secondary curricula were reviewed to assess how they coordinate.

★ The number of secondary students receiving health education was assessed. Many students get some exposure to health topics but there are few classes that assure a comprehensive approach.

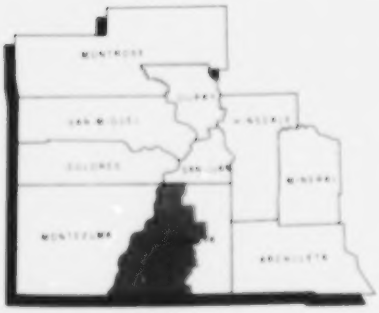
★ A Youth Risk Behavior Survey administered to 11th graders showed that Douglas County students are very similar to students across the state when compared with the Colorado Youth Risk Behavior Survey results from the Centers for Disease Control. Some of the noted differences were that fewer Douglas County students acknowledged having been educated about HIV at school (74 percent) than the state average (80 percent) but more had talked about it at home (67 percent) than the state average (55 percent). There was a lower rate of sexually active 11th graders but a considerably higher rate for those with more than one partner.

★ Recommendations were developed by a committee consisting of parents, teachers, students, and administrators based on the survey results. The recommendations are: develop a plan to respond to the assessment findings; eliminate the curriculum gaps and overlaps; plan staff development programs to insure fidelity to the proposed curriculum; and involve the community in the delivery of the program. Specific strategies for each recommendation were included.

COLLABORATION

Teachers, parents, students, the Health Advisory Committee, community members and human service agencies.

"The results of the survey indicate several potential areas of risk for 9R students. While Durango 9R health behaviors and attitudes are generally consistent with those reported by the Colorado Department of Education Youth Risk Behavior Survey conducted in 1990, drug, alcohol and tobacco use is somewhat higher; seat belts are used less often; and riding with drunk drivers is more frequent."



DURANGO SCHOOL DISTRICT 9R

BACKGROUND

"Healthy Students 2000" will expand the current health advisory committee, create a survey for grades 4, 8 and 12, identify community resources, and promote parental involvement with at-risk students.

ACCOMPLISHMENTS

- ★ The "Healthy Students 2000" committee, made up of parents, students, teachers, administrators and community members, formalized the mission statement, created a brochure detailing the content of the curriculum and attended all school parent meetings to disseminate the brochure and information on comprehensive health education.
- ★ In collaboration with Fort Lewis College, a health survey to identify health-related attitudes, practices and skills was developed, distributed and analysed for grades 5, 8 and 12. Recommendations include greater emphasis in the curriculum on performing daily moderate physical activities, nutrition knowledge and skills (especially for males), consumer skills, gun safety, risks of drinking and driving, risks of not wearing seat belts, self-esteem building, problem solving skills, risks of unsafe sexual behavior and child abuse prevention.
- ★ A week long training was held for K-6 teachers, administrators and staff to develop interdisciplinary/integrated lessons in health areas.

COLLABORATION

Fort Lewis College, Child Assault Prevention, D.A.R.E., parents, students, and community professionals.

"Those involved see comprehensive health education as a means to gain public support for public education by providing an excellent, effective health education. This is accentuated by the important issues of the 1990's such as HIV, national health insurance, a growing welfare state and environmental concerns."

EAST CENTRAL BOCES

BACKGROUND

"Comprehension Health Curriculum Expansion Activities" will develop BOCES-wide activities to broaden and enrich pre-K-12 health curriculum. The project will enhance an established wellness perspective through team meetings for curriculum review and activities development.

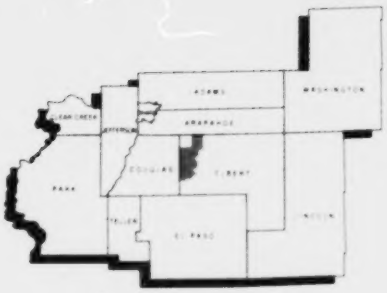
ACCOMPLISHMENTS

- ★ Health Curriculum Clusters identified needs for BOCES-wide activities related to health.
- ★ A Parenting/Discipline seminar was held for parents and school personnel based on an identified interest in the community.
- ★ A Resource Directory of all BOCES materials related to health was compiled for teachers.
- ★ Fifteen Superintendents were surveyed on their interest in training staff in health education curriculum. 100 percent of those who responded said "yes" but found money to be a barrier.

COLLABORATION

School personnel, Rocky Mountain Center for Health Promotion and Education, Evergreen Consultants, KUSA Channel 9, and community members.

"Almost all of the committee members took the time to observe other health programs and classes in progress. This was considered to be a very valuable use of time and the consensus was that, even though the materials are excellent, it is the enthusiasm and creativity of the teacher presenting them that really makes a difference in the students' involvement in the classroom."



ELIZABETH C-1 SCHOOL DISTRICT

BACKGROUND

A community-wide task force will review and enhance the K-12 curriculum, focusing on long-range outcomes for healthy students, with knowledge and strategies to achieve those outcomes.

ACCOMPLISHMENTS

★ A district-wide task force was formed with teacher and administrative representatives from each school.

★ Current health curriculum was assessed. Many elements were already present; gaps were identified.

★ Committee members visited programs in nearby districts and interviewed teachers and administrators on the development of their programs.

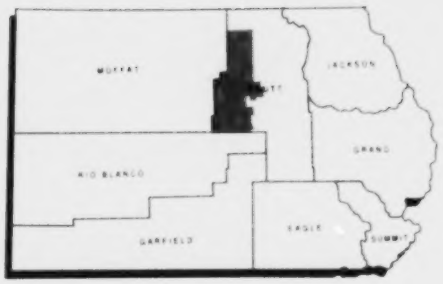
★ A survey was developed for teachers, parents, students and community members. The results defined 18 outcomes for the program.

★ The task force defined student indicators for each outcome and established school responsibility for each of the goals. The final draft was presented to 40 community and faculty at an Appreciation Dinner at the end of the year.

COLLABORATION

Parents, Parent Advisory Council, Parent Accountability Committees, students, teachers, administrators, teachers, RCCS Drug Program, DARE and the county nurse.

"We have created more awareness that Comprehensive School Health Education is an organized set of policies, procedures and activities designed to protect and promote health and well being of students and staff. The three major components of classroom instruction, school health services and school health environment have now been expanded to include five additional components: school food services, health promotion programs for staff, school counseling, school physical education and integrated community and school health promotion efforts."



HAYDEN SCHOOL DISTRICT

BACKGROUND

Hayden schools and community will jointly plan a program to promote healthy lifestyles and prevent high-risk behaviors for students at every grade level. A town meeting will inform parents and community of the plan.

ACCOMPLISHMENTS

★ An Advisory Committee was established to include parents, students, community members, teachers and school administrators.

★ A Needs Survey was developed and distributed to community members, middle school students, high school students and school staff. The results indicated a need for mental and emotional support for Hayden's youth and a place to hold safe, alternative activities for children and youth. A proposal was presented to the School Board and approved to add a counselor at the school. A community coalition was formed to seek funding for a Hayden Community Recreation Center.

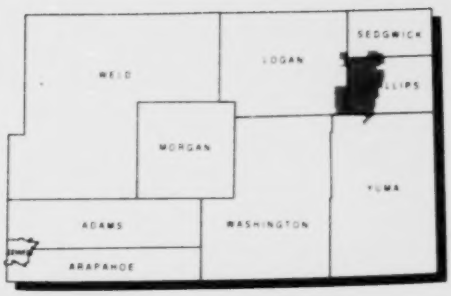
★ The Needs Survey indicated that the biggest concerns among community members were the mental health of the children, parental discipline and parental involvement; the middle school students indicated that chewing tobacco/tobacco, alcohol and teens dropping out were their biggest concerns; the high school students indicated that chewing tobacco/tobacco, alcohol and other drug use and teenage pregnancy were their biggest concerns; and the staff indicated that alcohol, family/parenting skills and student/parent motivation were their biggest concerns.

★ Visits to other exemplary programs in Colorado provided guidance in developing programming and budgeting for a community center.

COLLABORATION

Parents, students, teachers, administrators, community members, the Prevention Center, Granby Schools and the community centers in Leadville, Commerce City and Walden.

"The school district and the committee have appreciated the opportunity to send so many people to various learning experiences...all hope that what is eventually adopted for Haxtun Schools will have positive impact on students and their families and community...people want to see a good curriculum that is acceptable to as many as possible."



HAXTUN SCHOOL DISTRICT RE-2J

BACKGROUND

The project will update K-8 health curriculum and develop a 9-12 curriculum with a health education needs committee composed of staff, students, parents and health service providers. Health education will be an integral part of daily academic offerings.

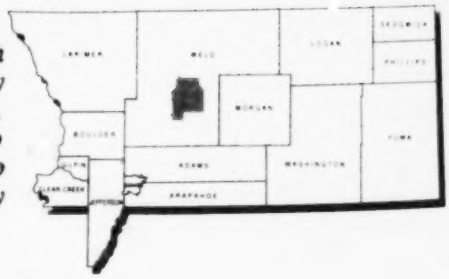
ACCOMPLISHMENTS

- ★ An Advisory Committee composed of community members, teachers, administrators, students and parents was created.
- ★ The Teen Health Teaching Modules for grades 6-12 were reviewed and encouraged by the Advisory Committee.
- ★ The high school Home Economics teacher has been assigned a specific class time for health education.
- ★ A parent survey was distributed to assess the importance of health topics. 238 parents responded from a school with a population of less than 300. Primary concerns in K-5 include personal health, nutrition and relationships. Primary concerns in junior high include tobacco, alcohol and other drugs use, sexuality and relationships. Primary concerns at the senior high level include violence prevention, disease prevention and control, and tobacco, alcohol and other drug use.
- ★ A Newsletter on the progress of the Comprehensive Health Education Advisory Committee was developed and circulated in the community.

COLLABORATION

Students, teachers, administrators, both local physicians, two nurses, both community dentists, members from most churches, and several parents.

"Partners In Planning student team members met with 4th grade teachers to develop several skits on positive healthy behavior and performed them to the entire 4th grade class. Following the skits, the students also had the opportunity to interact and ask questions of the older students. A follow-up with the teachers found that it proved to be very, very successful."



PLATTE VALLEY SCHOOLS

BACKGROUND

"Partners in Planning" is a collaborative project of Weld county community members, parents, students and the school district. The University of Northern Colorado will provide consulting for team retreats, student assessments and project evaluation. The Health Program Advisory Committee will plan a pre-K-12 grade program.

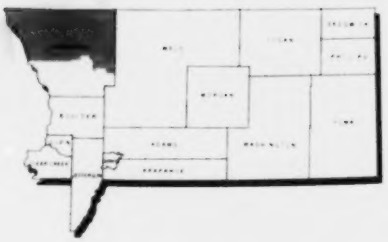
ACCOMPLISHMENTS

- ★ The "Partners In Planning" team was formed and included teachers, parents, P.T.O. members, and community members. The majority of the team consisted of parents and students.
- ★ Pre K-12th grade outcome objectives were established for comprehensive health education.
- ★ Community members, teachers and all junior and senior high school students were surveyed on what areas of health content should be taught, which skills should be taught, areas in which more information is desired and areas uncomfortable discussing with parents. Students indicated a desire to receive more information on peer pressure, communication, coping, decision making and interpersonal skills. Many felt uncomfortable discussing family life/sexuality, substance use / abuse / prevention and Aids with their parents.
- ★ Fifth grade teachers were trained in the "Growing Healthy" curriculum.

COLLABORATION

Parents, students, teachers, administrators, School Board members and the University of Northern Colorado Department of Community Health and Nutrition.

"I have been in the health and fitness business for 10 years. Not until I became a member of the Poudre R-1 Comprehensive Health Planning Team (as a parent and community member) did I realize the depth of emotion that surrounds these topics. I have found it interesting to see a common goal so difficult to obtain because of basic core beliefs...how frustrating this has been, how challenging the dialogue, and how important to stick with it. My dream is to create the most outrageous and far reaching comprehensive health curriculum to meet the needs of today and tomorrow's children."



POUDRE R-1 SCHOOL DISTRICT

BACKGROUND

A representative group of 25-30 individuals from Poudre R-1 and the community will restructure K-12 programs to prepare students for healthy lifestyles for the 21st century.

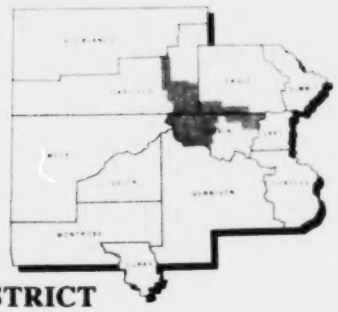
ACCOMPLISHMENTS

- ★ A Comprehensive Health Education Planning Team and Advisory Council, representing parents, students, teachers, administrators and community members, were created. A mission statement and goals were established for the district.
- ★ Action teams reviewed curriculum, developed a logo and brochure and designed a parent/community telephone survey on the content of sex education for upper elementary, junior and senior high school.
- ★ A pilot program was developed at the junior high level which integrates P.E., Applied Human Science and Health in a block program entitled, "The Student Body".

COLLABORATION

Larimer County Health Department, the Alpha Center, Poudre Fire Authority, Colorado State University, Poudre R-1 Teen Parent Program, Poudre R-1 Substance Abuse Coordinator, teachers, school nurses, parents and students.

"The exciting part has been the support and participation of the community, students and administration. We were able to find a broad, representative cross-section of community members for the Council who have been willing to devote a tremendous amount of time and expertise."



ROARING FORK SCHOOL DISTRICT

BACKGROUND

Roaring Fork School District will assess current health knowledge, attitudes and behaviors of students and community related to the Latino community through a health advisory council.

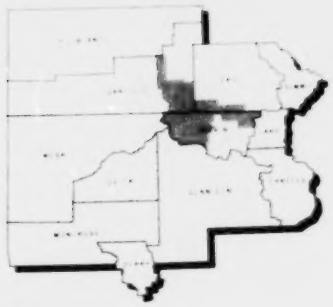
ACCOMPLISHMENTS

- ★ A Health Advisory Committee was formed to include representatives from Glenwood Springs, Carbondale and Basalt. Members include parents, students, school and community nurses, school administrators, representatives from human service agencies, teachers, health educators and representatives from the Latino community.
- ★ Health assessment instruments for students and community members were researched and selected.
- ★ Students in grades 3, 7 and 10 were surveyed on health knowledge, attitudes, behavior and skills. Students in grades 8 and 11 were given a risk behavior survey. Results are being analyzed by Colorado Mountain College Institutional Research Office.
- ★ 270 community members were surveyed on health issues in the community. The results are being analysed by Colorado Mountain College Institutional Research Office.
- ★ Surveys were developed in Spanish and administered to students and community members from the Latino community. The results are being analysed by Colorado Mountain College Institutional Research Office.
- ★ A teacher survey was developed and administered to identify which areas of health are covered, how often and which community resources are used. Teacher training for elementary teachers was provided.

COLLABORATION

Teachers, students, parents, school and community nurses, administrators, Colorado Mountain College and the Latino Task Force.

"Parents of students, members of the alumni association, friends of the school and professionals from the community participated in a program presenting panel discussions and group sessions on issues relating to health of the whole person. Students participated in discussions on the risk behaviors facing youth today, choices of lifestyle improvement and life decisions."



COLORADO ROCKY MOUNTAIN SCHOOL
ROARING FORK SCHOOL DISTRICT

BACKGROUND

Roaring Fork School District will assess current health knowledge, attitudes and behaviors of students and community related to the Latino community through a health advisory council. Colorado Rocky Mountain School will collaborate with the comprehensive health education efforts within the Roaring Fork Valley through a school health council, an assessment of the current program, and a review of current resources.

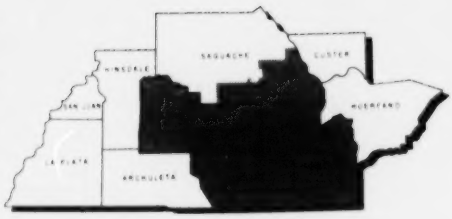
ACCOMPLISHMENTS

- ★ A Health Council was formed to include parents, a member of the Board of Trustees, an administrator, faculty from the Science department, the head of the dorm faculty, three students and the Director of Health Services.
- ★ A Healthy Lifestyles seminar was held for students, parents and community members.
- ★ An Adolescent Health Survey was developed by students and the Health Council.
- ★ A survey to assess satisfaction with current classes, health services and personnel was developed.
- ★ The current Life Education Program was reviewed by the Health Council, Student Support Committee and faculty.

COLLABORATION

Roaring Fork School District, Sopris Mental Health, Planned Parenthood, Aspen Counseling Center, local ambulance and fire department, Rocky Mountain Center for Health promotion and Education.

"The collaboration between the Valleywide Health Services and San Luis Valley Board of Cooperative Services has served to strengthen the support for comprehensive health education. Though a pioneering effort, it worked well bringing the technical expertise of Valleywide together with the school resources of the BOCS. We think this model could be replicated in other areas of the State."



SAN LUIS VALLEY BOCS

BACKGROUND

The project will be a collaboration with the Office of Substance Abuse (OSAP) Community Partnership Project, San Luis Valley Coalition for Youth Services and Valleywide Health Services Adolescent Program. The focus of the project will be to determine the effectiveness of current curricula, promote awareness and support in the community, and develop a plan for ongoing development of health education.

ACCOMPLISHMENTS

- ★ A Health Advisory Council was formed, created a mission statement and identified the implementation of a K-12 comprehensive health education program in all districts as its goal.
- ★ The Council reviewed and assessed the current curriculum in 14 districts. Two districts requested additional curricula and all are frustrated with having to share materials.
- ★ A database of individuals and agencies involved in the planning process was created to assist in community networking.
- ★ A youth advisory council for comprehensive health education was created.

COLLABORATION

Students, teachers, school board members, school administrators, nurses, local physicians and staff from Valleywide Health Services and the Coalition for Youth Services.

"Community members were enthusiastic and earnest in their desire to impact comprehensive health education. Community research findings identified community values and were of great importance in reviewing our health curriculum It was evident that our health curriculum needed modification in order to address appropriate skills and values."

SUMMIT SCHOOL DISTRICT

BACKGROUND

A community-based planning process will design a comprehensive health education plan for children birth-18 years old. The plan includes a part-time project coordinator, and culminates in a community forum to provide feedback on the plan.

ACCOMPLISHMENTS

★ A Healthy Summit 2000 steering committee was created including school administration, a school nurse, a student, a representative from Social Services and from Public Health. This grew to a 25 member planning team during the process.

★ A town meeting identified community values, community responsiveness to those values and available resources.

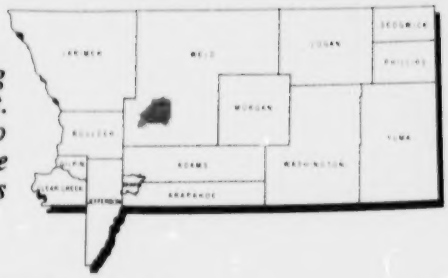
★ School staff and child care providers identified current health curriculum components, evaluated how community values were represented, defined goals for every age group and determined how the current program matched the goal of a comprehensive program.

★ The Healthy Summit 2000 committee became "institutionalized" when asked by the school board to research the feasibility of condom distribution at the high school.

COLLABORATION

The medical/dental community, senior citizens, County Health, Social Services, Mental Health, school district administration, teachers, school nurse, child care associations, Alcohol and Drug Task Force, law enforcement, service organizations, students, parents, the Chamber of Commerce and Colorado Mountain College.

"One of the best parts of the comprehensive health planning process has been the involvement of the total district. Seldom do we have an opportunity to integrate across so many disciplines and involve such a variety of teachers...we are seeing some unexpected teaming and integration attempts as a result of dialogue initiated by the health planning."



WELD COUNTY SCHOOL DISTRICT RE-1

BACKGROUND

The Interdisciplinary Health Project will correlate existing health programs, develop health outcomes for students, and expand to all grade levels. Training in the Teen Health Teaching modules and Human Sexuality module will target 8th grade.

ACCOMPLISHMENTS

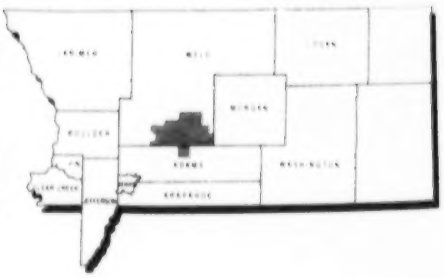
- ★ A Health Advisory Committee of 30 persons was formed and included parents, representatives from each school's parent group, a teacher representative from every building, law enforcement, local churches, local media and high school student representatives.
- ★ A Public Forum was held for the board of education to describe the current health program and possible health curriculum at different grade levels.
- ★ A program and materials review session was held for the community.
- ★ Twenty-seven teachers from various disciplines developed program outcomes for health education. These outcomes are integrated into other disciplines.
- ★ Seventeen teachers were trained in the Teen Health Teaching Modules and curriculum was purchased for middle schools.
- ★ Created a list of community resources and agencies to assist with various segments of comprehensive health education.

COLLABORATION

School administrators, school nurses, high school health and home economics teachers, parents, 4th grade students, high school students, Rocky Mountain Center for Health promotion and Education, local clergy, local law enforcement and local nurses.

"Comprehensive Health Education has involved more community members than any school function this year." Dr. Dennis Disario, Superintendent

"I'm so impressed with the efforts put out by so many to save money budgeted for various items so there would be more money available for curriculum purchase and teacher training." Linda Gingerich, Project Director



WELD COUNTY SCHOOL DISTRICT RE-3(J)

BACKGROUND

A planning coordinator will work 12 hours per week in collaboration with a community advisory board to review curriculum, assess student needs, select a curriculum and train staff.

ACCOMPLISHMENTS

★ A Comprehensive Health Education Planning Committee was formed as an advisory board to the Board of Education. Members included five teachers, two principals, two counselors, one nurse, parents and students.

★ A public awareness campaign was developed to inform the community of the planning process and invite them to participate. Articles were included in the monthly district newsletter which was sent to every patron in the district, memos for meetings were sent to every faculty and staff, an article was published in the local newspaper and parent attendance incentives were offered by grade level. One hundred twenty-four people participated in some way. Presentations were made at the South Weld Lions Club, Lochbuie Town Board and the Roggens Lions.

★ Existing curricula were reviewed and gaps identified.

★ Various health curricula and materials were researched and evaluated. The Planning Committee recommended the "Growing Healthy" curriculum for elementary levels and the "Teenage Health Teaching Modules" for secondary levels.

★ A community survey on health concerns was sent to 2,200 homes and 124 responses were received.

★ A student health assessment survey was selected and will be administered in Fall of 1992.

★ One hundred percent of the teachers were surveyed for curriculum information and training needs.

COLLABORATION

Ninety-one parents, three grandparents, 29 teachers and administrators, one nurse, two deputies, 15 students and two School Board members.

RECOMMENDATIONS

Although an incredible amount of progress was made during 1991-92, a number of barriers were noted by the funded projects and the State Advisory Boards. More attention to the following areas at both the local and state levels are recommended for 1992-93:

AWARENESS

Many community agencies and parent groups are interested in becoming involved but lack information and a procedure to connect to the school programs. ***Create more awareness about comprehensive health education at the state and local levels.***

TIME COMMITMENT

Many participants felt that their involvement was an "add-on" to other activities and not supported by the administrators as a priority. ***Remove the barriers for busy teachers, students, administrators, parents and students to be able to come together to plan and implement comprehensive health education.***

COLLABORATION

Many districts struggled with involving parents, students and local agencies in the planning. The concept of comprehensive health education is a community-based approach and encourages an advisory council made up of a broad base of community members. ***Increase parent, student and community involvement in the process.***

FUNDING

Currently, the available amount of funding is not known until the end of he fiscal year. This makes it difficult to plan and delays the timeline on issuing the Request for Proposals ***Work toward a more predictable, stable funding base for the program.***

TEACHER TRAINING

There is no teacher training program offered in Colorado for health education. ***Develop teacher preparation and inservice programs in collaboration with institutions of higher education in Colorado.***

EVALUATION

Many projects struggled with how to assess the current health status of their school, district or community. There are very few national assessment instruments which are designed for comprehensive programs. The districts which did attempt to assess the population used a mixture of existing instruments or designed their own with the assistance of local colleges and resources. ***Create a State wide evaluation design to begin to document the impact of comprehensive health education in Colorado. Provide training to local projects on evaluation.***

MODEL THE PHILOSOPHY

The total community sends messages on the value of healthy lifestyles. Media, advertising, turf issues and adult behavior influence the attitudes and behaviors of our children. ***Promote active involvement and cooperation of the community, and both intra and interagency collaboration at the state level, to build a strong commitment to reduce risk behavior in Colorado's children.***

COMPREHENSIVE HEALTH EDUCATION PROJECT

OVERVIEW
1992-93

Project Title: The Colorado Comprehensive Health Education Program

Sponsoring Agency: Colorado Department of Education (CDE)
Office of Federal and State Programs Services
High Risk Intervention Unit

The Colorado Department of Education Comprehensive Health Education Project assists school districts/BOCES, youth-serving agencies and community coalitions in providing comprehensive health education, preschool through 12th grade, in promoting healthy behavior, and in preventing high-risk behavior.

For the 1992-93 school year, Project staff will:

1. Provide technical assistance in policy and program development, implementation and evaluation to school districts/BOCES, youth-serving agencies and community coalitions.
2. Coordinate a competitive request for proposals process with the Comprehensive Health Education Advisory Council to fund LEA continuation projects in comprehensive health education.
3. Assist and monitor the funded projects.
4. Provide two trainings on comprehensive health education for the funded projects.
5. Clarify the credentials required by the Colorado Department of Education to teach health education and disseminate to all funded projects.
6. Convene the State Comprehensive Health Education Advisory Council and State Student Advisory Council to assist in developing standards, expectations, and evaluation strategies for the Colorado Comprehensive Health Education project.
7. Collaborate with Colorado institutions of higher education to develop teacher training programs.
8. Collaborate with the Colorado Network for Runaway Youth and Colorado State University to provide comprehensive health education programs and resources to runaway shelters.
9. Compile an evaluation report on the funded projects for the state legislature.
10. Collaborate with community agencies which promote healthy lifestyles to encourage integration into school-based comprehensive health education programs.
11. Develop a working collaboration with the Colorado Department of Health.

Project Staff: Karen Connell (303) 866-6903
Senior Consultant, Project Director

cde

COLORADO DEPARTMENT OF EDUCATION
201 EAST COLFAX AVENUE
DENVER, COLORADO 80203

ARTICLE 25

Colorado Comprehensive Health Education Act

Editor's note: The substantive provisions of this article were repealed and reenacted in 1990, causing some addition, relocation, and elimination of sections as well as subject matter. (For an historical record of this article, check the original volume of Colorado Revised Statutes 1973 and any annual supplements or replacement volumes thereto.)

22-25-101. Short title.
22-25-102. Legislative declaration.
22-25-103. Definitions.
22-25-104. Colorado comprehensive health education program - role of department of education - recommended curriculum guidelines - allocation of funds - rules and regulations.
22-25-105. Review of local comprehensive health education programs - allocation of funds by the state board of education.
22-25-106. Local comprehensive health education programs - establishment of comprehensive health education advisory councils.
22-25-107. Reports required.
22-25-108. Participation of nonpublic school personnel.
22-25-109. Colorado comprehensive health education fund - creation - acceptance of funds.
22-25-110. Funding of existing programs - operation of other health education programs.

22-25-101. Short title. This article shall be known and may be cited as the "Colorado Comprehensive Health Education Act".

Source: Entire article R & RE, L. 90, p. 1093, § 62, effective May 31.

22-25-102. Legislative declaration. The general assembly hereby finds and declares that comprehensive health education is an essential element of public education in the state of Colorado. The school system is a logical vehicle for conveying to children and parents significant health information, developing an awareness of the value of good health to the individual and to the community, promoting healthy behavior and positive self-concepts, and providing means for dealing with peer and other pressures. It is further declared that many serious health problems in Colorado, including high-risk behaviors, are directly attributable to the insufficient health knowledge and motivation of the school-age population and the general public and that studies have demonstrated the effectiveness of a planned school curriculum throughout the elementary and secondary grades in developing healthy behavior. The purpose of this article is to foster healthy behaviors in our children and communities through a comprehensive educational plan which has as its goal not only the increase of health knowledge but also the modification of high-risk behaviors.

Source: Entire article R & RE, L. 90, p. 1093, § 62, effective May 31.

22-25-103. Definitions. As used in this article, unless the context otherwise requires:

(1) "Colorado comprehensive health education program" means the program created by section 22-25-104 (1) for the purpose of encouraging the teaching of comprehensive health education for the students of the schools in Colorado.

(2) "Commissioner" means the office of the commissioner of education created and existing pursuant to section 1 of article IX of the state constitution.

(3) "Comprehensive health education" means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which shall include, but shall not be limited to, the following topics:

(a) Communicable diseases, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness;

(b) Community and environmental health;

(c) Consumer health;

(d) Dental health;

(e) Tobacco, alcohol, and other drug use;

(f) Human growth and development;

(g) Hereditary and developmental conditions;

(h) Mental and emotional health;

(i) Nutrition, personal health, and physical fitness;

(j) Family life education;

(k) Injury prevention, safety, motor vehicle safety, and emergency care;

(l) High-risk behaviors and concerns; and

(m) Age appropriate instruction on family roles and expectations, child development, and parenting.

(4) "High-risk behaviors" means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives. "High-risk behaviors" includes, but is not limited to, dropping out of school, incest and other sexual activity with adults, sexual activity by school aged children, physical and mental abuse, violence, and use of tobacco, alcohol, or other drugs.

(5) "Local comprehensive health education program" means a health education program instituted by a school board or board of cooperative services in accordance with the requirements of this article.

Source: Entire article R & RE, L. 90, p. 1093, § 62, effective May 31.

22-25-104. Colorado comprehensive health education program - role of department of education - recommended curriculum guidelines - allocation of funds - rules and regulations. (1) There is hereby created the Colorado comprehensive health education program, which shall be a voluntary program in which school districts and boards of cooperative services may participate through the creation of local comprehensive health education programs. Implementation of the Colorado comprehensive health education program shall be a cooperative effort among the department of education, the Colorado commission on higher education, the department of health and other

health education professionals, and participating school districts and boards of cooperative services.

(2) The department of education shall have the authority to promote the development and implementation of local comprehensive health education programs.

(3) (a) With the assistance of parents, school districts, the department of health, the Colorado commission on higher education, and other interested parties, the department of education shall develop recommended guidelines for the implementation of local comprehensive health education programs.

(b) The guidelines developed by the department of education pursuant to paragraph (a) of this subsection (3) shall include, but shall not be limited to, the following for preschool, kindergarten, and grades one through twelve:

(I) The recommended information and topics to be covered in the local comprehensive health education program and the recommended methods of instruction to be used by teachers for such program;

(II) The recommended hours of instruction required to ensure that positive health knowledge, attitudes, and practices are achieved and maintained by the students; and

(III) The recommended training which the school district may require for staff who instruct in local comprehensive health education programs.

(4) (a) The department of education shall develop a plan for the training of teachers to provide comprehensive health education and shall promote the proper training of staff in health education.

(b) As part of the plan to train teachers to instruct in comprehensive health education, the Colorado department of education and the Colorado commission on higher education shall cooperatively develop course work or instructor endorsements in health and high-risk behaviors education in order that both interested students seeking teacher certification and practicing teachers may secure certification in health education.

(5) Upon the request of a school district or board of cooperative services, the department of education shall provide, within available resources, such technical assistance as may be necessary to develop a local comprehensive health education program.

(6) Any curriculum and materials developed and used in teaching sexuality and human reproduction shall include values and responsibility and shall emphasize abstinence by school aged children.

(7) The department of education shall promulgate, in accordance with article 4 of title 24, C.R.S., such rules and regulations as may be necessary to carry out the duties of the department of education as set forth in this article.

Source: Entire article R & RE, L. 90, p. 1094, § 62, effective May 31.

22-25-105. Review of local comprehensive health education programs - allocation of funds by the state board of education. (1) Any school district or board of cooperative services which is seeking funding for a local comprehensive health education program under this article shall file an application with the department of education in such form as the department of education shall require.

(2) The commissioner or the commissioner's designee, with the assistance of the executive director of the department of health or his designee, shall review all applications for review of local comprehensive health education programs submitted to the department of education.

(3) (a) The state board of education shall establish a review and prioritization process for the allocation of available funds to school districts or boards of cooperative services based upon applications submitted to the department of education and giving due consideration to the guidelines developed pursuant to section 22-25-104 (3) (a). Funding may be made available to districts to implement portions of a comprehensive health education program, according to the needs of the individual school district. Pursuant to such review and prioritization process, the state board of education shall allocate available funds to such school districts or boards of cooperative services as the state board of education finds have planned or developed local comprehensive health education programs which will serve the objectives of this article. Funding for local comprehensive health education programs may include, but shall not be limited to, the implementation of training programs, in-service education institutes, and curriculum development programs for staff who shall instruct in comprehensive health education. No funds shall be allocated to school districts pursuant to the provisions of this subsection (3) until the department determines the amount of money that will be available for allocation from the Colorado comprehensive health education fund.

(b) If moneys are not available in the Colorado comprehensive health education fund sufficient to fund programs in every school district, the department may establish pilot programs for school districts which express an interest in developing or expanding a program and in which there is a need for such program.

Source: Entire article R & RE, L. 90, p. 1095, § 62, effective May 31.

22-25-106. Local comprehensive health education programs - establishment of comprehensive health education advisory councils. (1) Each school district and board of cooperative services may and is encouraged to establish a local comprehensive health education program. To ensure that a local comprehensive health education program reflects the health issues and values of the community, each school district or board of cooperative services may establish a comprehensive health education advisory council, or may add necessary representatives to the school district's advisory accountability committee created pursuant to section 22-7-104 (1) or other appropriate committee, to address and make recommendations to the school district or board of cooperative services concerning the curriculum of the local comprehensive health education program.

(2) In establishing a comprehensive health education advisory council or in supplementing an advisory accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various

points of view within the school district concerning comprehensive health education; however, a majority of the committee shall be comprised of parents of children enrolled in the district. Members may include, but shall not be limited to, parents, a member of the clergy, teachers, school administrators, pupils, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district.

(3) In addition to the requirements of section 22-25-104 (3) (b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) Promotes parental involvement, promotes abstinence from high-risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(b) Focuses on the dynamic relationship among physical, mental, emotional, and social well-being; and

(c) Integrates available community resources into the educational program.

(4) (a) Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

(b) Any local school district or board of cooperative services which adopts a local comprehensive health education program shall ensure that at a minimum the following public information requirements are met:

(I) Written notification of such local comprehensive health education program shall be given to the parents or guardians of all students within such school district or board of cooperative services, including notification that a student is allowed an exemption which permits such a student, at the request of the parent or guardian of the student, to be excused from all or any part of the local comprehensive health education program; and

(II) The curriculum and materials to be used shall be made available for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.

Source: Entire article R & RE. L. 90. p. 1096. § 62. effective May 31; (4) amended. L. 92. p. 550. § 28. effective May 28.

22-25-107. Reports required. (1) Each school district or board of cooperative services which receives funding for a local comprehensive health education program pursuant to this article shall annually file a written report with the department of education concerning the status of the education program. Such report shall include such information and data as the department of education shall require, including but not limited to the information received in the public forum held pursuant to section 22-25-106 (4), and such report shall be filed on or before such date as the department of education shall determine.

(2) With the assistance of the department of health, participating school districts and boards of cooperative services, and other appropriate entities, the department of education shall develop an evaluation of the Colorado comprehensive health education program. The commissioner shall annually prepare a written report describing the results of such evaluation which shall include, but not be limited to, a review of the program's compliance with the expressed intent of this article and any evidence of changed outcomes and behaviors as a result of this article. The commissioner shall transmit such report to the governor, to the members of the general assembly, and to the chairmen of the senate and house committees on education and the senate and house committees on health, environment, welfare, and institutions.

Source: Entire article R & RE, L. 90, p. 1097, § 62, effective May 31.

22-25-108. Participation of nonpublic school personnel. Teachers, school nurses, or school administrators employed by a nonpublic school may participate as students in in-service education institutes or curriculum development programs conducted by school districts or boards of cooperative services pursuant to this article. At the discretion of the school district or board of cooperative services conducting such institutes or programs, such participants may be required to pay the pro rata share of the cost of participation.

Source: Entire article R & RE, L. 90, p. 1098, § 62, effective May 31.

22-25-109. Colorado comprehensive health education fund - creation - acceptance of funds. (1) There is hereby created in the state treasury the Colorado comprehensive health education fund, which fund shall be made up of moneys transferred thereto from the state public school fund pursuant to section 22-53-121, if any, as well as any moneys received by the department of education pursuant to subsection (2) of this section. The moneys in such fund shall be subject to annual appropriation by the general assembly to the department of education for the purpose of carrying out the provisions of this article.

(2) In addition to any funds appropriated for the implementation of this article, the department of education is authorized to accept gifts, donations, or grants of any kind from any private source or from any governmental unit to carry out the purposes of this article subject to the conditions upon which the gifts, donations, or grants are made; except that no gift, grant, or donation shall be accepted if the conditions attached thereto require the use or expenditure thereof in a manner contrary to law or require expenditures from the general fund unless such expenditures are approved by the general assembly. All such gifts, donations, and grants shall be transmitted to the state treasurer, who shall credit the same to the Colorado comprehensive health education fund.

Source: Entire article R & RE, L. 90, p. 1098, § 62, effective May 31.

22-25-110. Funding of existing programs - operation of other health education programs. (1) Nothing in this article shall be interpreted to prevent a school district or board of cooperative services currently offering health education programs from being eligible to receive funding pursuant to this article.

(2) Nothing in this article shall be interpreted to require a school district or board of cooperative services to establish a local comprehensive health education program nor shall it be interpreted to prevent a school district or board of cooperative services from offering a health education program which is not operated under the requirements of this article; except that any school district or board of cooperative services offering such a health education program shall:

(a) Comply with the public information requirements contained in section 22-25-106 (4); and

(b) Establish a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the health education program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

Source: Entire article R & RE, L. 90, p. 1098, § 62, effective May 31; (2) amended, L. 92, p. 551, § 29, effective May 28.

[Former sections 22-25-111 and 22-25-112]

Editor's note: In 1990, this article was repealed and reenacted, resulting in the deletion of sections 22-25-111 and 22-25-112.

COLORADO COMPREHENSIVE HEALTH EDUCATION ACT

GUIDELINES

developed by the
Comprehensive Health Education Advisory Committee
and adopted by the
COLORADO STATE BOARD OF EDUCATION

April 11, 1992 & May 9, 1991
Denver, Colorado

I. INTRODUCTION

The Colorado legislature, through passage of the "Colorado Comprehensive Health Education Act" declares that comprehensive health education is an essential element of public education in the state of Colorado. [22-25-102, C.R.S. as amended]

The legislation recommends that certain elements be included in a school district or board of cooperative services program. The material on the following pages has been developed by the Comprehensive Health Education Guidelines Advisory Committee to aid school districts and boards of cooperative services in developing programs which will meet the intent of the bill and achieve the stated purposes and objectives. The Advisory Committee was formed pursuant to section 22-25-104(3)(a)] of the legislation.

There is hereby created the Colorado comprehensive health education program, which shall be a voluntary program in which school districts and boards of cooperative services may participate through the creation of local comprehensive health education programs. [22-25-104(1) C.R.S. as amended]

These guidelines have been developed and adopted by the State Board of Education in fulfillment of duties under the legislation. Local school districts may choose to follow these guidelines or develop alternatives that meet the statutory intent and provisions. For this reason, the word "should" has been used throughout to indicate a recommendation or guideline that ought to be considered by the local school district or board of cooperative services. "Shall" is used when the statutory language of the article is involved and the provision must be followed by the local school district or board of cooperative services.

Wording in bold type is directly quoted from the law. Paraphrases of the law are referenced by the Colorado Revised Statute section by number. The remaining information contained in this document was prepared by the Comprehensive Health Education Advisory Committee.

II. DEFINITIONS

As used in this document, unless the context otherwise requires,

1. **"Colorado comprehensive health education program" means the program created by section 22-25-104 (1) for the purpose of encouraging the teaching of comprehensive health education for the students of the schools in Colorado.**

2. **"Commissioner" means the office of the commissioner of education created and existing pursuant to section 1 of article IX of the state constitution.**

3. **"Comprehensive health education" means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which shall include, but shall not be limited to, the following topics:**

   (a) Communicable diseases, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness;

(b) Community and environmental health;
(c) Consumer health;
(d) Dental health;
(e) Tobacco, alcohol and other drug use;
(f) Human growth and development
(g) Hereditary and developmental conditions;
(h) Mental and emotional health;
(i) Nutrition, personal health, and physical fitness;
(j) Family life education;
(k) Injury prevention, safety, motor vehicle safety, and emergency care;
(l) High- risk behaviors and concerns; and
(m) Age appropriate instruction on family roles and expectations, child development, and parenting.

4. "High-risk behaviors" means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives. "High-risk behaviors" includes, but is not limited to, dropping out of school, incest and other sexual activity with adults, sexual activity by school aged children, physical and mental abuse, violence, and use of tobacco, alcohol, or other drugs .

5. "Local comprehensive health program" means a health education program instituted by a school board or board of cooperative services in accordance with the requirements of this article. [22-25-103 C.R.S. as amended]

III. CURRICULUM

Colorado Comprehensive Health Education curriculum shall maintain, reinforce, and enhance health knowledge, skills, attitudes, and practices of children and youth that are conducive to their optimal health. The Department of Education shall develop guidelines to include the recommended information and topics, hours of instruction, and methods of instruction.
[22-25-104(3)(a)(b)(I)(II)(III) C.R.S. as amended]

The Colorado Comprehensive Health Education curriculum should include four major health competencies:

1. Identify the health issues, need and/or problems facing the individual and society.
2. Identify the causes and effects of health problems on the body and recognize those which can be prevented and controlled by oneself.
3. Identify and analyze social health problems and implications for prevention and treatment.
4. Recognize, analyze and demonstrate personal health behaviors which promote a healthy lifestyle.

The general content areas should include:

* Community and environmental health
* Communicable diseases
* Age appropriate instruction on family roles and expectations, child development, and parenting

* Injury prevention, safety, motor vehicle safety, and emergency care
* Family life education
* Nutrition, personal health, and physical fitness
* Mental and environmental health
* Hereditary and developmental conditions
* Human growth and development
* Tobacco, alcohol, and other drug use
* Dental health
* Consumer health

The curriculum should be offered consistently and sequentially for a minimum of 60 hours per year.

The methods used should promote competency in three domains:

* attitudinal/affective
* knowledge/cognitive
* skill-oriented/psychomotor

The curriculum may be achieved through a correlated approach in social studies, science, language arts, civics, physical education, information skills, and home economics; or through a direct instruction approach in specific health education courses.

The instruction should promote parental involvement, promote abstinence from high-risk behaviors, foster positive self-concepts, develop information gathering and decision-making skills, and provide mechanisms for coping with and resisting peer pressure.
[22-25-106(3)(a) C.R.S. as amended]

Any curriculum and materials developed and used in teaching sexuality and human reproduction shall include values and responsibility and shall emphasize abstinence by school aged children. [22-25-104(6) C.R.S. as amended]

Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a provision allowing a student exemption which permits a student, at the request of the parent or guardian of the student, to be excused from all or any part of the local comprehensive health education program. [22-25-106(4) C.R.S. as amended]

Each district or board of cooperative services shall give written notification of the comprehensive health education program to the parents or guardians of all students within that district or board of cooperative services, including notification of the exemption provision.
[22-25-206(4)(a) C.R.S. as amended]

The curriculum and materials to be used shall be made available for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.
[22-25-106(4)(b) C.R.S. as amended]

IV. TEACHER TRAINING

The department of education and the commission on higher education shall cooperatively develop a plan for the training of teachers to provide comprehensive health education and promote the proper training of staff in health education. [22-25-104(4)(a)(b) C.R.S. as amended]

Teachers who provide instruction in comprehensive health education should have professional

experience in the topics as outlined in the legislation, 22-25-103(a-m), either at the pre-service or in-service level.

The department of education will cooperate with the institutions of higher learning to ensure that training for teachers is available. Local school districts or boards of cooperative services will determine where and who receives the additional training.

Each district or board of cooperative services should establish a mechanism to determine in-service needs. It is important for successful health education curriculum implementation that a carefully planned program of staff development and awareness take place prior to classroom instruction.

In-service should focus on a number of areas:

A. DELIVERY In-service can be delivered by institutions of higher education, school districts or boards of cooperative services, and communities.

B. NEEDS Each district or board of cooperative services should undertake a formalized needs assessment to determine the most meaningful and useful in-services. Needs assessments should consider:

- community needs, crises
- community resources, trends, issues
- student interests and needs
- current faculty training
- better dissemination network

Nonpublic school personnel may participate as students in in-service education institutes or curriculum development programs conducted by school districts or boards of cooperative services pursuant to this article, and may be required to pay the pro rata share of the cost of participation. [22-25-108 C.R.S. as amended]

V. PARENTAL/COMMUNITY INVOLVEMENT

In addition to the requirements of section 22-25-104 (3(b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) promotes parental involvement, promotes abstinence from high risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(c) Integrates available community resources into the educational program. [22-25-106(a)(c) C.R.S. as amended]

Parents of all ages (including teen parents and grandparents) and representative members of the community (including business, philanthropic, higher education, service, media, religious, public libraries and public entities) should be involved in comprehensive health education from the onset and ongoing, including but not limited to:

* Raising the awareness and understanding of topics and programs to be included in comprehensive health education through information dissemination.

* Participating in needs assessment of issues to be addressed by comprehensive health education (with consideration of diverse values and beliefs in the community) through data gathering, questionnaires, home visitation, public meetings, and parent/teacher conferences.

* Planning and implementing school/community comprehensive health education programs through the Comprehensive Health Education Advisory Committee, other committee participation, teaching, and volunteerism.

* Participating in programs designed to increase family resiliency to reduce non-educational barriers to learning through curriculum parent components, peer parenting/mentoring programs, home visitation, and parent/professional networking.

* Evaluating programs through pre-designed reviews of outcome-based goals.

VI. COMPREHENSIVE HEALTH EDUCATION ADVISORY COUNCIL

To ensure that a local comprehensive health education program reflects the health issues and values of the community, each school district or board of cooperative services may and is encouraged to establish a comprehensive health advisory committee or add necessary representatives to the advisory accountability committee, to address and make recommendations to the school district or board of cooperative services concerning the curriculum of the local health education program. [22-25-106(1) C.R.S. as amended]

In establishing a comprehensive health education advisory council or in supplementing an advisory accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various points of view within the school district concerning comprehensive health education; however, a majority of the committee shall be comprised of parents of children enrolled in the district. [22-25-106(2) C.R.S. as amended]

Membership should include various points of view within the community. This may include, but not be limited to; parents, member(s) of the clergy, teachers, school administrators, students, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district. [22-25-106(2) C.R.S. as amended] Cross cultural, cross generational, special needs, military, and media representation should be considered as well as parents of all ages (including teen parents and grandparents).

VII. ALLOCATION OF FUNDS

The State Board of Education shall establish a review and prioritization process for allocation of available funds. Funding may be made available to districts or boards of cooperative services to implement portions of a comprehensive health education program, according to the needs of the individual school district. Funding for programs may include, but not be limited to, the implementation of training programs, in-service education institutes, and curriculum development programs for staff who shall instruct in comprehensive health education. No funds shall be allocated until the department determines the amount of money that will be available for allocation from the Colorado comprehensive health education fund. [22-25-105(3)(a) C.R.S. as amended]

The department of education recognizes that planning is an integral part in the developmental process of initiating or revising any program. In an effort to involve as many districts and boards of cooperative services as possible with limited resources, the department of education will accept proposals for planning (both initial planning and revision planning) grants the first year. Part of this planning process should include the district's or board of cooperative service's evaluation plan.

a) The Colorado Department of Education shall review applications for funds. [22-25-105(1) C.R.S. as amended]

b) The Commissioner or designee with assistance of Department of Health Executive Director or designee shall review all applications submitted to the department of education. [22-25-105(2) C.R.S. as amended]

c) The State Board of Education shall give due consideration to the guidelines developed pursuant to 22-25-104(3)(a) C.R.S. as amended.

A review and prioritization committee appointed by the State Board of Education, (which may be the Guidelines Advisory Committee), will recommend funding priorities to the State Board of Education.

The review and prioritization committee should consider:

- location (urban/rural)
- size
- geographical area

The **Request for Proposals** should consider:

- Commitment to concept
- Advisory Committee
- Strategies
- Budget
- Timeline
- Continuation Plan
- Evaluation

If moneys are not available in the Colorado Comprehensive Health Education fund sufficient to fund programs in every school district or board of cooperative services, the Department of

Education will assist selected school districts or boards of cooperative services which express:

- interest in developing a program or
- interest in expanding a program and
- there is a need
  [22-25-105(3)(b) C.R.S. as amended]

Applicants will be provided information from the Colorado Department of Education for the submission of proposals.

Nothing in this article shall be interpreted to prevent a school district or board of cooperative services currently offering health education programs from being eligible to receive funding pursuant to this article. [22-25-110(1) C.R.S. as amended]

Nothing in this article shall be interpreted to require a school district or board of cooperative services to establish a program or to prevent a school district or board of cooperative services from offering a program which is not operated under the requirements of this article; **except that any such health education program shall comply with the notification and exemption requirements contained in section 22-25-106(4).** [22-25-110(2) C.R.S. as amended]

VIII. REPORTS AND EVALUATION

Each school district or board of cooperative services that receives funding for a local comprehensive health education program shall file a written report annually with the Department of Education. Such report shall include information and data specified by the Department of Education, including information received in the public forum held pursuant to section 22-25-106(4), and such report shall be filed on or before the date determined by the Department of Education. [22-25-207(1) C.R.S. as amended]

Evaluation is a critical part of developing and implementing a successful program . **With the assistance of the department of health, participating school districts and boards of cooperative services, and other appropriate entities, the department of education shall develop an evaluation of the Colorado comprehensive health education program. The commissioner shall annually prepare a written report describing the results of such evaluation which shall include, but not be limited to, a review of the program's compliance with the expressed intent of this article and any evidence of changed outcomes and behaviors as a result of this article. The commissioner shall transmit such report to the governor, to the members of the general assembly, and to the chairmen of the senate and house committees on education and the senate and house committees on health, environment, welfare, and institutions.** [22-25-107(2) C.R.S. as amended]

Each district or board of cooperative services should participate in statewide evaluation activities, design and implement internal evaluation, and participate in state sponsored evaluation workshops.

Evaluation will be a requirement of the **Request for Proposal**.

COLORADO COMPREHENSIVE HEALTH EDUCATION ACT

RULES

developed by the
Comprehensive Health Education Advisory Committee
and adopted by the
COLORADO STATE BOARD OF EDUCATION

April 11, 1992 & May 9, 1991
Denver, Colorado

RULES FOR THE ALLOCATION OF FUNDING FOR THE COLORADO COMPREHENSIVE HEALTH EDUCATION ACT

1.00 Colorado Comprehensive Health Education Program The Colorado Department of Education is authorized to approve district/BOCES plans for participation in the development and implementation of comprehensive health education programs established pursuant to Article 25, Title 22, C.R.S.

2.00 Definitions Definitions for the implementation of these Rules shall be as stated in 22-25-103, C.R.S.

3.00 Purpose of the Comprehensive Health Education Program.

3.01 To promote the development and implementation of comprehensive health education programs in local school districts.

3.01 (1) To increase health knowledge

3.01 (2) To modify high risk behaviors

3.02 To encourage parent and community participation in establishing district comprehensive health education programs in the local school districts.

4.00 Eligibility of School Districts for Funding of a Comprehensive Health Education Program

School districts/BOCES may apply to the Department of Education for participation by using forms and complying with application deadline dates provided by the Department of Education.

5.00 Criteria for Selection The Department of Education shall utilize the following criteria in evaluating district/BOCES applications and determining the participating districts:

5.01 Commitment to concept. The proposal shall:

5.01 (1) include statement of purpose and interest in comprehensive health education.

5.01 (2) demonstrate project staff commitment to the program.

5.01 (3) indicate evidence of administrative support for the program.

5.01 (4) include a plan to continue the program beyond the funded year.

5.01 (5) include an outline of the projected plan for development.

5.01 (6) include goals and objectives.

5.01 (7) include an outline of the projected plan for evaluation.

5.01 (8) include a timeline.

5.01 (9) include a budget

5.02 Advisory Councils

5.02 (1) The advisory committee shall address and make recommendations to the school district/BOCES concerning the curriculum of the local comprehensive health education program.

5.02 (2) The advisory committee shall include members who represent various points of view within the school district concerning comprehensive health education. This may include, but not be limited to: parents, member(s) of the clergy, teachers, school administrators, students, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district. Cross cultural, cross generational, special needs, military, and media representation should be considered as well as parents of all ages (including teen parents and grandparents).

5.02 (3) The advisory committee may be the school district's advisory accountability committee or other appropriate committee with the addition of representatives pursuant to 5.04 (2).

5.02 (4) A majority of the committee shall be comprised of parents of children enrolled in the district.

5.03 The proposal shall include a plan for community distribution of information.

5.04 The proposal shall include a plan for compliance with the parent notification and student exemption provisions as required by section 22-25-106 (4) of the Colorado Comprehensive Health Education Act.

6.00 Selection Preference From those districts/BOCES that meet the above criteria, selection preference based on geographical location and various stages of program development will be given to ensure a more equitable distribution of funds.

6.01 Equitable geographic distribution. School districts will be selected from the Denver metropolitan area (Adams, Arapahoe, Boulder, Denver, Douglas, and Jefferson Counties); the eastern slope of the state (the portion of the state located to the east of the continental divide but which does not include the Denver metropolitan are); and the western slope (the portion of the state which is located to the west of the continental divide) to ensure that schools from the different geographical areas receive funding.

6.02 Equitable mix of programs. School districts will be selected from a range in the stage of development of comprehensive health education programs to ensure that there is representation from districts beginning a program, those with a limited program, and those with a comprehensive education program in place.

7.00 Funding Specifications. Funding shall be determined by availability of money using a competitive process and using the above criteria.

8.00 Evaluation. Each district shall submit a written report annually to the Department of Education. The report shall include:

8.01 an assessment of the progress achieved on goals and objectives outlined in the district proposal.

8.02 as assessment of the progress and extent of student, parent, and community involvement in the district's comprehensive health education program

8.03 an assessment of the district's procedures for parent notification and student exemption as required by the Colorado Comprehensive Health Education Act, section 22-25-106 (4).

8.04 an assessment of the district's plan for receiving public comment and for including public input into the development of the district's comprehensive health education program.

8.05 an assessment of the district's compliance with the guidelines approved by the State Board of Education.

8.06 an assessment of the district's compliance with the intent of the statutes.

8.07 financial expenditures as related to the stated goals and objectives, as well as matching funds contributed by the district and other sources.

9.00 Statement of Basis and Purpose The statutory authority for these Rules, adopted by the State Board of Education on (May 11, 1991), is found in section 22-25-104 (7).

The purpose of these rules is to assist the Department of Education in the selection of any school district submitting a proposal for funding, pursuant to 22-25-104, 22-25-105, 22-25-107, C.R.S. The intention is to select school districts that are committed to the concept of comprehensive health education and whose proposals demonstrate compliance with the recommended guidelines.

A Resolution from the High Risk Intervention Unit at the Colorado Department of Education

PROMOTING HEALTHY DEVELOPMENT AND ACADEMIC SUCCESS FOR ALL CHILDREN

WHEREAS...

- Children must be healthy to be able to learn
- Children must be educated to keep themselves healthy
- No epidemic has ever been cured by any effort other than prevention
- Nationally, we spend 75 cents per day on Comprehensive Health Education
- In Colorado during 1992-93, we will spend less than 15 cents per child for the entire year
- Currently, 20 Colorado school districts are funded for Comprehensive Health Education programs; only 16 will continue with limited State funding
- The Centers for Disease Control is shifting the focus of HIV Prevention to Comprehensive Health Education
- National groups such as CCSSO, NEA, The American Cancer Society and The Centers for Disease Control support Comprehensive Health Education as a sound strategy to prevent high risk behavior in children
- A community-based, collaborative, integrated effort can achieve the outcome of "Healthy Children"
- Throughout the United States and in Colorado, school districts that understand the power of Comprehensive Health Education are using it to restructure their schools
- Comprehensive Health Education is much more than a curriculum, it is the future for our children.
- Coordination and collaboration in Comprehensive Health Education can enhance children's ability to learn and succeed in school

BE IT RESOLVED...

- The key to addressing at-risk issues must be a fundamental commitment to the health and well-being of ALL Colorado children, AND
- Health cannot be excluded from student proficiencies in any area, AND
- Comprehensive Health Education in Colorado needs an increased and stable funding base, AND
- The High Risk Intervention Unit will have Comprehensive Health Education as a top priority for 1992-93 and beyond.

June 22, 1992

The high risk issues of our day demand an urgent and strong response. A program here or a new curriculum there will not do the job. We must join with our children and youth to create meaningful strategies that can make a difference. I believe that comprehensive health education is the framework for this important action.

David Smith
Director - High Risk Intervention Unit
Colorado Department of Education

Tobacco, alcohol and other drug use are clearly related to other high risk behaviors, e.g. accidents, suicide and sexual activity. If we are to be effective, we must stop treating these issues categorically and help students to be positive about health practices and less tobacco, alcohol and other drug use. Comprehensive health education provides the framework for health promotion and encourages personal responsibility for health. Both are crucial when dealing with any of the risk behaviors of our youth.

Mary Vanderwall
Project Director - Drug-Free Schools and Communities Act Program
Colorado Department of Education

At the national and state levels it has become obvious that, in order to address the many health issues of children and adolescents, we must move away from using a categorical health issues approach to the health of the whole child.

A comprehensive health education program provides a strong framework for schools so that all high risk issues can be addressed.

The Colorado Comprehensive Health Education initiative has provided the HIV Education Program the opportunity to share resources and work collaboratively toward a common goal--health Colorado children.

Debra Sandau-Christopher
Project Director - HIV/AIDS Education Project
Colorado Department of Education

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